

U.S. Department of Labor
Wage and Hour Division
Receipt for Payment of Back Wages, Liquidated Damages,
Employment Benefits, or Other Compensation



I, Tucker, Shannon, have received payment of wages, liquidated damages, employment
(typed or printed name of employee)
benefits, or other compensation due to me from _____
(name and location of the establishment)

7110 E. Brainerd Road Chattanooga TN 37421

for the period beginning with the workweek ending 08/11/2018 through the
workweek ending 08/08/2020. The amount of the payment I received is shown below.
This payment of wages and other compensation was calculated or approved by the U.S. Department of Labor Wage and Hour
Division (WHD) and is based on the findings of a WHD investigation. This payment is required by the Act(s) indicated below in
the marked box(es):

☒ Fair Labor Standards Act (FLSA)

Gross Amount Back Wages \$3,008.28 Gross Amount Liquidated Damages \$0.00
Legal Deductions from Back Wages 486.13 Other Amount Paid _____
Net Amount Received 2522.15 (please specify type)

NOTICE TO EMPLOYEE: Your acceptance of this payment of wages and/or other compensation due under the Fair Labor
Standards Act (FLSA) or Family Medical Leave Act (FMLA), based on the findings of the WHD means that you have given up the
right you have to bring suit on your own behalf for the payment of such unpaid minimum wages or unpaid overtime compensation
for the period of time indicated above and an equal amount in liquidated damages, plus attorney's fees and court costs under
Section 16(b) of the FLSA or Section 107 of the FMLA. Generally, a suit for unpaid wages or other compensation, including
liquidated damages, must be filed within two years of a violation of the FLSA or FMLA. Do not sign this receipt unless you have
actually received this payment in the amount indicated above.

RETALIATION AND KICKBACKS PROHIBITED: Your employer is prohibited from retaliating against you for accepting
payment of wages you are owed or from requiring you to return or decline payment of the wages owed to you. Your employer is
also prohibited from retaliating against any person who files a complaint with the Wage and Hour Division (WHD) or cooperates
with a WHD investigation. Your employer is also prohibited from interfering with, restraining, or denying the exercise of Family
Medical Leave Act (FMLA) rights. You should contact the WHD immediately if your employer takes any of these actions or fails
to comply with the law in the future. Your identity will be kept confidential to the maximum extent possible under existing law.
You may contact the WHD by calling 1-866-487-9243 or 601-965-4348.

Signature of employee Shannon Tucker Date 10-27-2020
Address 6015 Early Ln. McDonald, TN 37353

I understand that my signature on this receipt and waiver attests to the fact that I have actually received the payment in the amount
indicated above of the wages, liquidated damages, or other compensation due to me, and that I waive my right to bring suit as
described above, and covering the period set forth above.

EMPLOYER'S CERTIFICATION TO WAGE AND HOUR DIVISION OF THE DEPARTMENT OF LABOR:

I hereby certify that I have on this (Date) OCT. 27, 2020 paid the above-named
employee in full covering lost or denied wages, liquidated damages, or other compensation as stated above. I further certify that I
have not and will not retaliate against the above-named employee for accepting this payment and I have not and will not ask the
employee to return all or part of this payment to me.

Signature Boley Wm Title VICE PRESIDENT
(employer or authorized representative)

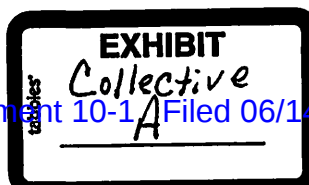
PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT
OR MISREPRESENTATION UNDER U.S. CODE, TITLE 18, SEC. 1001

Date: 10/22/2020 2:19:53 PM

Case ID: 1913081

Form WHI-58 (Rev. April 2017)

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Hullco
Making It Better
7110 EAST BRAINERD RD.
CHATTANOOGA, TN. 37421
(423) 899-2400

FIRST HORIZON

87-36
613

063329

10/27/2020

PAY TO THE ORDER OF SHANNON TUCKER

**2,522.15

Two Thousand Five Hundred Twenty-Two and 15/100 ***** DOLLARS

SHANNON TUCKER
6015 Early Lane
McDonald, TN 37353

MEMO

Pay Period: 01/01/2020 - 10/23/2020



Shannon Tucker MP

⑈063329⑈ ⑆061300367⑆ 170965628⑈

HULLCO EXTERIORS CHATTANOOGA, TN. 37421

063329

Employee					SSN						
SHANNON I. TUCKER, 6015 Early Lane, McDonald, TN 37353					***-0328						
					Pay Period: 01/01/2020 - 10/23/2020			Pay Date: 10/27/2020			
Earnings and Hours		Qty	Rate	Current	YTD Amount						
Bonus			3,008.28	3,008.28	3,008.28						
Vacation Pay - Production				0.00	1,440.00	Net Pay		2,522.15	42,279.03		
Piecework				0.00	48,773.00						
Holiday Pay Office				0.00	1,008.00	Paid Time Off		Earned	YTD Used Available		
Piecework Bath Install Knox				0.00	3,820.00	Sick		0:00	24:00		
				3,008.28	58,049.28	Vacation		0:00	80:00 40:00		
Deductions From Gross					Current	YTD Amount	Non-taxable Company Items			Current	YTD Amount
Health Insurance (pre-tax)					0.00	-7,078.76	Health Insurance-Company - Chat			0.00	2,102.92
							Life / STD Company - Chatt			0.00	179.17
Taxes					Current	YTD Amount					
Medicare Employee Addl Tax					0.00						
Federal Withholding					-250.00	-4,178.00					
Social Security Employee					-106.51	-3,100.17					
Medicare Employee					-43.62	-739.07					
					-486.13	-8,077.24					
Adjustments to Net Pay					Current	YTD Amount					
Life/AD&D					0.00	-140.28					
LTD ee pay					0.00	-473.97					
					0.00	-614.25					

Hullco, Inc, 7110 East Brainerd Rd., Chattanooga, TN 37421

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